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<b>To:</b>	Examiner Ricardo Osorio	<b>From:</b>	Steven Fischman
<b>Fax:</b>	703-872-9306	<b>Pages:</b>	15 pages including cover sheet
<b>Phone:</b>		<b>Date:</b>	12/15/2004
<b>Re:</b>	U.S. Serial No. 10/045,484 Group Art Unit: 2673 Confirmation No. 9704 Docket No: FIS920010299US1 (14993)	<b>CC:</b>	

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<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b> Applicant(s): <b>Tijs Wilbrink, et al.</b>			Docket No. <b>FIS920010299US1(14993)</b>	
Application No. <b>10/045,484</b>	Filing Date <b>January 10, 2002</b>	Examiner <b>Ricardo Osorio</b>	Group Art Unit <b>2673</b>	
Invention: <b>USER INPUT METHOD AND APPARATUS FOR HANDHELD COMPUTERS</b>			<b>RECEIVED CENTRAL FAX CENTER DEC 15 2004</b>	
Confirmation No: <b>9704</b>				
<p>I hereby certify that this <u>AMENDMENT UNDER 37 C.F.R. §1.116</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)</p> <p>on <u>December 15, 2004</u> (Date)</p> <p style="text-align: center;"><u>Steven Fischman</u> (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: center;"><u></u> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>				

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>FIS920010299US1(14993)</b>	
Applicant(s): <b>Tijs Wilbrink, et al.</b>					
Application No. <b>10/045,484</b>	Filing Date <b>January 10, 2002</b>	Examiner <b>Ricardo Osorio</b>	Customer No. <b>23389</b>	Group Art Unit <b>2673</b>	Confirmation No. <b>9704</b>
Invention: <b>USER INPUT METHOD AND APPARATUS FOR HANDHELD COMPUTERS</b>					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	19 -	22 =	0 x	\$50.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>09-0458/IBM</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 Signature			Dated: <b>December 15, 2004</b>		
<b>Steven Fischman</b> <b>Registration No. 34,594</b>  <b>SCULLY, SCOTT, MURPHY &amp; PRESSER</b>			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence _____		
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Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>09-0458/IBM</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
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